

Office of the Governor Perry A. Gibson, Executive Director

**Production Title** 

Primary Contact Contact Title

tn.film@state.tn.us

a)b)

c)

1. Production Information:

312 8<sup>th</sup> Avenue North, 9<sup>th</sup> fl. Nashville, TN 37243 (615) 741-3456 (615) 741-5554 -fax

## Form C Incentive Application

nessee Cost Other		her State Cost	Other State Cost		
	If yes, please complete	the following:			
n)	Did applicant consider another state for this production?				
	Post-productio	n \$			
	Production	\$			
	Pre-production	\$			
m)	Actual Tennessee Spen	pend \$			
1)	Total Budget	\$			
k)	Federal Tax I.D. Numb	oer (FEIN)			
j)	State in which Incorporated or Registered				
	(please attach a copy o	f last annual report fil	led)		
i)	Type of entity (e.g. "C" or "S" Corporation, LLC, Partnership, Trust, etc.)				
h)	Contact Email				
g)	Website Address				
f)	Fax				
e)	Phone				
d)	Address				

o)	Produ	action Dates:				
<b>Period</b>		Start Date	End Date	TN Start		N End Date
Pre-production	on			(if differer	nt) (11	different)
Principal Pro						
Post Product						
p)	Date	Last Qualified Exp	penditure Incurred in	Tennessee	/ /	
q)		•	TN Cast			<del></del>
r)			TN Crew			
,						
2. Tennessee	Locatio	ons used (attach ac	dditional sheet if neo	essary):		
Location		<u>City</u>	Street Address	<u>s</u>	<b>Start Date</b>	End Date
□ Productio	n compan	y is headquartered o	Applied For (check utside of Tennessee, an r exceed \$500,000, 13%	d qualified produ		ended in
			n Tennessee, and qualify 200, 13% of such costs.		sts expended in	Tennessee in a
☐ Additiona	l 2% for a	at least ¼ of cast and	or crew being Tenness	ee residents.		
\$20,000 p	er produc	ction/per episode duri	tion costs expended in Ting post-production (i) it	in acquisition cos	ts for music cre	eated by
producing	n compan	y is headquartered in	n Tennessee and incurre show in Tennessee. Ap- tives.			
\$1,000,00	0 in quali	fied expenses produc	ennessee and invested it cing a theatrical film or nue and is applying for	television show i		
	xtent kno ibutor(s):		e detailed current plar	ns for distribution	on, including r	name(s) of

			<del></del>
	Anticipated Release / Premiere Date	/_	/
	The Production will premiere in Tennessee.	Yes	No
	The Production Company has satisfied all financial obligations.	Yes	No
	Applicant has posted notice, at least once a week for 3 consecution for each Tennessee location where production took place, notify creditor claims with the Production Company by a specified date.	ing public o	of the need to file
•	Send completed application to:  Tennessee Film, Entertainment & Music Com 312 8 <sup>th</sup> Avenue North, 9 <sup>th</sup> Floor Nashville, TN 37211	nmission	
y ap Sta ine d	Along with copies of the following information:    Final Budget     General ledger     Total dollar amount spent in Tennessee (including labor)     Total Tennessee payroll figure     Total Payroll report (excluding/obscuring individual social sect     Certificate of Legal Existence from the Tennessee Secretary of     Certificate of Insurance     Total number of Tennessee crew members hired (please include teamsters, production office, etc Do not include day players     Crew call sheets     Average Tennessee crew size (per day) for prep     Average Tennessee crew size (per day) for shoot     Declaration of Residency Forms - attach proof of residency and     Prep dates & Number of shoot days     Distribution Plan     List of all Tennessee locations used     Final Crew list     Final Vendor list     At least one copy of the production (due upon completion)     penalty of perjury, I hereby certify that the information provided in this application plant that obtains incentives from the State of Tennessee by filing a knowingly for the of Tennessee for reimbursement of all monies received. Reimbursement of such and/or other penalties imposed pursuant to Title 39 of the Tennessee Code. I under the of the incentive funds will be available to the incenti	State e prep crew, or extras.) alphabetize on is true and or ulse or fraudul a monies shall erstand that su	construction, caterers, by last name  correct, and I am aware to the control of t
	Signatu		
	Print Na	arne	
	Title		
	 Date		<del></del>